

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000006407

FILED
Apr 12, 2005
Secretary of State

Entity Name: PAOLA DE LUCA GIOIELLI INC.

Current Principal Place of Business:

14051 NORTH WEST 14TH STREET
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

14051 NORTH WEST 14TH STREET
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 13-4182688

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOVACS, STEPHEN
14051 NORTH WEST 14TH STREET
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: KOVACS, STEPHEN
Address: 14051 NORTH WEST 14TH STREET
City-St-Zip: SUNRISE, FL 33323

Title: SD () Delete
Name: MUNJAL, VIJAY
Address: 14051 NORTH WEST 14TH STREET
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN KOVACS

MR

04/12/2005

Electronic Signature of Signing Officer or Director

Date